

# Annual Report

OF THE

Medical Officer of Health,

TO THE

Okehampton District Council,

ACTING AS

The Rural Sanitary Authority.

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1904.

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**To the**  
**Members of the Okehampton District Council.**

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*Annual Report of Medical Officer of Health,*  
*1904.*

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GENTLEMEN,

I have the honour of submitting to you my annual report for 1904.

Briefly, the year just passed has been a favourable one for the public health. The Winter was not a severe one, the Summer was on the whole fine without the excessive temperatures which have a distinctly unfavourable effect on the health of children. The Autumn months were about the average.

The rain fall throughout the year was an average one.

The general death rate and the infantile death rate were well below the average of the preceding 10 years. The zymotic rate was also low, the chief fatalities being from whooping cough.

A fairly wide spread epidemic of scarlet fever of a generally mild type, was prevalent.

No large sanitary work has been under consideration during the year, but a good deal of the lesser work has been done and it is this lesser work which tells more favourably, in the long run, on the public health.

**Vital Statistics.**

Population at Census, 1901 .....	13,211
Population (estimated), 1904 .....	13,100

The estimated population for 1904 may possibly be fixed a little too high. Both birth and death rates are below the average for the past 10 years. I believe the rural exodus still continues, but probably not to such an extent as in the previous 25 years.

**BIRTHS.**—There were 276 births (141 males and 135 females) registered during the year, giving a rate of 21.0 per 1,000. In 1903 the rate was 22.9 per 1,000.

**DEATHS.**—177 deaths (85 males and 92 females) were registered, giving a rate of 13.5 per 1,000. In 1903 the rate was 13.9.

Natural increase of population 99.

In the two previous years the increase was 118 and 108 respectively.

The following table gives the number of births and deaths with the rates per 1,000 in the 5 sub-districts.

SUB-DISTRICTS.	Population (Estimated.)	BIRTHS.				DEATHS.			
		Males.	Females.	Total.	Rate per 1,000.	Males.	Females.	Total.	Rate per 1,000.
Bratton Clovelly ...	1,600	13	23	36	22.5	7	12	19	11.8
Chagford ...	2,430	27	29	56	23.0	13	14	27	11.1
Hatherleigh ...	2,850	45	22	67	23.5	22	19	41	14.3
Okehampton ...	1,880	14	21	35	18.6	10	16	26	13.8
Tawton ...	4,340	42	40	82	18.8	33	31	64	14.7

From the above table it will be seen that the highest birth rate was in the Hatherleigh sub-district, and the lowest in the Okehampton.

The highest death rate was in the Tawton sub-district, and the lowest in the Chagford.

Chagford almost invariably stands well in these tables.

**AGES AT DEATH.**—26 deaths occurred in infants under 1 year of age, giving the Infantile death rate as 94.2 per 1,000. This is a little below the average.

Over 65 years of age there were 76 deaths, a ratio to the total number of deaths of about 43 per cent.

**CAUSES OF DEATH.**—Zymotic diseases caused 10 deaths, viz., whooping cough 7, diphtheria 2, and scarlet fever 1. The rate is 0.76 per 1,000, as compared with 0.3 in 1903.

Consumption.—10 deaths were due to this disease. One half of the fatality was in the Hatherleigh sub-district. Bratton Clovelly was free.

Influenza.—Only 1 death was recorded, and that in the Tawton sub-district.



Bronchitis caused 19 deaths, as usual at the extremes of life.

Cancer.—10 deaths, of which 4 occurred in the Okehampton sub-district. Chagford had no fatality.

Heart Disease.—There were 19 deaths, mainly in aged persons.

Confinement.—3 deaths, 2 due to child bed fever, and one to hæmorrhage.

Accidents.—4 deaths were accidental, one being brought into the district to the Halwill College Hospital.

Suicidal.—There were 3 cases of suicide, one each due to poisoning, hanging, and throat cutting.

The following table gives the average death rates of the various parishes in the district for the 14 years—1890 to 1903.

	rate per 1,000
Ashbury .....	6.6
Beaworthy .....	16.5
Belstone .....	15.7
Bondleigh .....	17.6
Bratton Clovelly .....	15.0
Bridestowe .....	14.6
Broadwoodkelly .....	14.8
Chagford .....	15.2
Drewsteignton .....	14.4
Exbourne .....	18.3
Germanweek .....	17.1
Gidleigh .....	10.0
Hatherleigh .....	16.5
Highampton .....	17.3
Honeychurch .....	9.0
Iddesleigh .....	15.2
Inwardleigh .....	10.2
Jaccbstowe .....	11.1
Meeth .....	15.6
Monkekehampton .....	10.5
North Lew .....	16.9
North Tawton .....	17.1
Okehampton (extra urban) .....	13.6
Sampford Courtenay .....	15.2
Scuth Tawton .....	16.9
Sourton .....	14.7
Spreyton .....	15.6
Throwleigh .....	12.3

## Infectious Disease of the Year.

In my report for 1903, I was able to state that there had been very little infectious disease; unfortunately, in 1904 this form of disease was very prevalent, due to the large number of cases of scarlet fever.

Parish incidence of notifiable diseases.

Parishes.	Scarlet Fever.	Erysipe- las.	Enteric Fever.	Purp'l Fever.	Diph- theria.
Ashbury ...	1				
Beaworthy ...	3				
Be'stone ...		1			
Bondleigh ...		1			
Bratton Clovelly ...	7				
Bridestowe ...	7	2			
Drewsteignton ...				1	
Exbourne ...	11				1
Hatherleigh ...	7	1		1	1
Iddesleigh ...	1				
Inwardleigh ...	3				
Jaco'stowe ...	5				
Meeth ...	2				
Monk Okehampton ...		1			
North Lew ..	2	1			
North Tawton ...		1			
Okehampton ...	2		1		
South Tawton ...	3	1			
Sourton ...		1			1
Throwleigh ...	3				
Totals ...	57	10	1	2	3

**SCARLET FEVER.**—The first cases of this disease were notified in a farm house in Okehampton Parish, and were due to infection in Okehampton Borough. There was no spread from this outbreak.

The next outbreak occurred in a farm in South Tawton Parish, where 3 cases were notified. In this case the disease was introduced by a person who had recently had the disease in the Launceston District, and came to South Tawton for change of air, although still in the peeling stage. This person had not been under a doctor's care. There was no spread from this outbreak.

The next introduction of the disease was in Bratton Clovelly Parish, where 4 houses were affected. This outbreak also was traced to the Launceston District. From these cases in Bratton an extension took place to Ashbury. The Bratton School was closed.

Solitary cases in both Beaworthy and North Lew Parishes were derived from the Holsworthy District.

Two cases in Meeth Parish were contracted in the Torrington District. Meeth School was closed, as children from the Torrington District attended.

The most serious outbreak of the year broke out in Jacobstowe Village in June, spreading thence to the adjoining Parish of Exbourne. Only 2 cases were notified at the latter place in June, but in October an outbreak of the disease in the children attending the school led to enquiries, which tended to show that one or two children had had the disease between those months, but as they were not very ill no medical man was called in, and the disease escaped recognition. Both schools were closed.

In Hatherleigh Parish 6 cases were notified, 5 being in one house. These latter were probably contracted from Okehampton Borough.

In the Autumn the disease showed itself in Bridestowe Parish, probably the infection was derived from London. The school was closed.

About this time 3 cases were notified in one house (the Village Post-office) at Throwley. The infection was derived from Plymouth. The Post-office Authorities transferred the postal work to another house in the village for a time. There was no spread.

Two houses in Inwardleigh Parish were affected with the disease in October and November—possibly derived from Exbourne, but not definitely traced.

In December a solitary case was notified in Bridestowe Village, and one in Hatherleigh. In neither case was it clear how the disease was contracted; but possibly some of the contagion from cases earlier in the year had escaped destruction during the process of disinfection, although certain things rather negatived this hypothesis.

I have entered rather fully into the various outbreaks of scarlet fever, because the disease figures so largely in the year's returns of notifiable disease, and (apart from its diminishing fatality) it causes a large amount of inconvenience and discomfort in the houses where it occurs.

To come to practical points. Two things we may look upon as certain, viz., (1) that with the increased facilities (which are more largely made use of by all sections of the community) for travelling about the country, a greater liability for introducing the disease exists, and (2) the present mildness of type is an important factor in furthering the spread of the disease. Not only are cases not notified, but even those that



are, often prove so mild that it is difficult, and in some cases impossible, to get the parents to adopt efficient means for isolating.

Lately the experiment has been tried of curtailing the regulation 6 or 7 weeks of isolation, and it is reported, with success. Should further observations confirm this a great gain would result. Human nature rebels at the usual long term of isolation in the case of a disease which is so often very trivial.

Isolation, however, at present is our only known measure for preventing the spread of the disease, and it has to be carried out as far as possible. It is by personal contact with a case of the disease that infection is mainly conveyed. Occasionally it arises from infected clothing, but such a means of spreading is not often met with in our district. It may also be spread by infected milk, but such I have not met with.

A common error is to look upon the disease as only infectious when desquamation takes place. The truth is, that it is most infectious in the early period.

The following list gives the fatalities from the disease during the past 14 years.

Cases of scarlet fever with mortality since 1891.

Year	Cases notified					Deaths
1891	...	...	22	...	...	0
1892	...	...	80	...	...	2
1893	...	...	114	...	...	2
1894	...	...	136	...	...	6
1895	...	...	11	...	...	0
1896	...	...	16	...	...	1
1897	...	...	6	...	...	0
1898	...	...	8	...	...	0
1899	...	...	17	...	...	1
1900	...	...	13	...	...	0
1901	...	...	33	...	...	0
1902	...	...	25	...	...	0
1903	...	...	9	...	...	0
1904	...	...	57	...	...	1

The above list comprises the cases notified, but each year several cases have occurred which, owing to a medical man not having been called in, have remained unnotified. Leaving these cases out, however, the death rate from the disease or



case fatality was 2.8 per 100 during the years 1891 and 1897, while from 1898 to 1904 the rate was only 1.2 per cent. This agrees with its general fatality throughout the country at large, for during the past 30 years the disease has become much milder in type, although its prevalence has not greatly diminished. Whether its present mildness is a permanent condition in the history of the disease or whether it is only temporary we cannot say. Diseases, like nations, have their day.

**DIPHTHERIA.**—Only 3 cases were notified during the year, one in Exbourne in January, one in South Tawton in June, and one in Hatherleigh in October. The latter two cases terminated fatally. The cases were not concerned with each other. In the Hatherleigh case the local sanitary conditions were not good. There was no spread of the disease in any instance.

**ENTERIC FEVER.**—Only 1 case was notified, that of a soldier in the Artillery Camp at Okehampton, who came down from Colchester when incubating the disease. The patient was removed to the Military Hospital at Devonport.

**PUERPERAL FEVER.**—Two cases were notified, one in Hatherleigh Parish, and one in Drewsteignton. Both terminated fatally.

**WHOOPIING COUGH.**—This disease was prevalent in the Hatherleigh and Chagford Districts, and as usual, fatal cases occurred. It heads the list of our fatal zymotics this year, and taking a series of years it causes more deaths than measles and scarlet fever combined.

Influenza was fortunately not very prevalent. One death was attributed to it in the North Tawton registration sub-district.

**ANTHRAX.**—Cases of anthrax in farm animals have been reported by the police in various parts of the district for two or three years past. No case has been reported of its affecting a human being until July of this year, when a working man in Okehampton Parish contracted it by opening a cow that had died rather suddenly. The typical bacilli were detected in serum from the man's arm, which was the part affected. The cow had been buried, but a subsequent case of a cow dying revealed the bacilli in the blood. Unfortunately, the man died. The premises were thoroughly disinfected, soiled bedding and clothing burnt, and compensation for it paid to the widow.

**SCHOOL CLOSURE.**—The following schools have been closed during the year:—Bratton Clovelly, Jacobstowe, Iddesleigh, Bridestowe, and Exbourne on account of scarlet fever; Hatherleigh and Highampton on account of whooping cough.

## Summary of work of Inspector.

Notices issued .....	83
Nuisances abated .....	25
Infectious diseases attended to.....	21
Premises disinfected .....	17
Bedding and clothing disinfected .....	16
Houses lime washed .....	10
Drains laid and repaired .....	14
New closets provided .....	21
Closets repaired .....	5
New urinals .....	3
Visits to Slaughter houses .....	38
Slaughter houses lime washed .....	8
Visits to Bake houses .....	12
Bake houses lime washed .....	5
Visits to Lodging houses .....	4
Lodging houses lime washed.....	2
Visits to Schools .....	26
Certificates for new houses .....	6
Unsound meat destroyed .....	1
Public well cleaned out .....	1
New domestic water supplies .....	3

**Public Work of the Year.**

**BRATTON CLOVELLY.**—A part of the public sewer in this Village having become broken in and choked, was re-laid for a distance of 72 feet, and a greater fall was arranged for.

**EXBOURNE.**—Owing to the nearness of one of the sewer outfalls to a dwelling house and consequent complaints, it has been decided to extend the sewer for a distance of 25 yards. A contract for the work has been accepted.

**HATHERLEIGH.**—A part of the main sewer in South-street having been broken in by the steam roller, was relaid and protected for a length of 25 feet.

**WATER SUPPLY.**—Some complaints have been made of an intermittent supply at the higher levels of the town. This was partly the result of a dry Summer, and partly due to an excessive use of water for other than domestic purposes. Steps will be taken during the coming year to prevent waste, and it is also proposed to augment the supply by tapping another spring.

**NORTH TAWTON.**—A new branch sewer has been laid from the main in Hatherleigh-street to re-place an old and defective stone drain.



**WATER SUPPLY.**—There has been a scarcity of water during the summer months. Something should be done before long, if not to provide a new supply, to re-model the existing one.

**DREWSTEIGNTON WATER SUPPLY.**—The public pump has been fitted with a new suction pipe, and the well cleaned and re-covered. At the instigation of the Parish Council steps have been taken to restore the use of Hay Well to the parish, in view of future needs. It is hoped that the little difficulties in the matter will be removed by friendly negotiations.

**CHAGFORD SEWERAGE.**—The outfalls have been constantly visited, and although everything in the shape of personal attention has been done by the local care taker, the effluent from Orchard Meadow has occasionally been offensive in the neighbourhood of Cross Park. To prevent future trouble it is proposed to construct an additional pair of filter beds to purify that portion of the sewage which has not yet been dealt with.

For the above list of public work I am indebted to Mr. Hugh Ward, Sanitary Inspector. Until his appointment in June the work of Sanitary Inspector was combined with that of Road Surveyor. The work attached to the latter post, however, became so heavy that it required the undivided attention of both Surveyors.

## **Routine Work of Medical Officer of Health.**

The usual inspections of the district have been made during the year, all of the parishes having been visited. House to house inspections have been carried out, and the results made known at the monthly meetings.

Cases of infectious disease (except erysipelas) are visited on notification and, where necessary, further visits are made, and in some cases the infected premises personally disinfected.

Two cases of small pox contacts from outside our district have been kept under observation.

**ELEMENTARY SCHOOLS.**—All of these have been visited during the year. The one at Spreyton was not in a satisfactory state as regards its drainage and sanitary accommodation. This is now being remedied. Taken altogether the schools are in a satisfactory state, and there is no overcrowding.



**SLAUGHTER HOUSES.**—These are all visited fairly periodically—in some cases pretty often, owing to general lack of attention to cleanliness on the part of the users. With one or two exceptions the slaughter houses are old and fall far short of modern requirements.

**LODGING HOUSES.**—The solitary lodging house in the district is well kept and clean.

## **Factory and Workshops Act of 1901.**

During the year inspections have been made under this Act, and a list of the Factories and Workshops made.

The principal place of this description is the Woollen Factory at North Tawton. This is well ventilated, clean, and has dry floors. There is plenty of light and no overcrowding. The sanitary accommodation for both sexes is ample. On one occasion it required lime washing, which was at once done on verbal notice.

The Workshop owned by Mr. Phillips in the same town is the next most important. The workrooms for both sexes are in a very satisfactory state, being clean, well ventilated and lighted, and with an extremely large amount of air space. As the result of inspection the sanitary accommodation has been improved.

The Electric Light Works at Chagford were found satisfactory except for the closet accommodation, which is placed directly over running water.

**TAILORS SHOPS.**—These have been visited and found generally satisfactory, exceptions being one case at Chagford, where there was insufficient air space, and one at North Tawton, where the closet accommodation left much to be desired.

**DRESSMAKERS.**—Apart from Messrs. Phillips at North Tawton I can find no instance of dressmakers' shops.

**BAKE HOUSES.**—These have all been inspected, some on 4 or 5 occasions. None are underground, and all may be looked upon as in a fair sanitary state.

## **General Remarks.**

**HOUSE ACCOMMODATION.**—As pointed out last year, and in still earlier reports, in some parts of the district there is a lack of suitable cottages which leads to a certain amount of overcrowding. Some of the cottages too, are old, badly lighted and ventilated, with pebble pitched floors. Few

dwellings of the cottage class are built, and while the present condition of a diminishing population in the rural districts exists it is difficult to see a solution of the problem. Cottage building in outlying districts certainly does not pay a fair return for the outlay, to say nothing of the risk of the place being tenantless for a long period. In a few cases lack of garden or yard prevent the erection of any sanitary convenience.

Two or three cases have been met with where the tenant pays no rent with the result that structural improvements will not be made by the landlord.

**WATER SUPPLIES.**—North Tawton is still without an adequate supply of water, although a scheme for improvement has been before the Council for years. The matter should be pushed forward, as the present condition is most unsatisfactory during the dry months of the year. As I pointed out in my report for 1901 much good could be done if the existing state of affairs were properly looked after. The present collecting pipes should be cleaned out, leaky mains rectified, and supervision to prevent waste, provided for. The supply then would not be sufficient without the addition that the new scheme is to provide; but it would improve matters and the expense incurred only trifling.

**HATHERLEIGH.**—Complaints have been made here as to scarcity of water. The present supply is derived from a spring in Hall Meadow, and the water is pumped by an oil engine to the reservoir at a higher level. The supply only dates back to 1895, when the spring yielded ample quantities for the inhabitants, and for some years there were no complaints as to scarcity. It seems pretty certain that the spring does not yield the amount of water that it formerly did, and the villagers are not so careful as they were to prevent waste. The whole matter is now under consideration.

**SEWERAGE.**—I have received no complaints as regards the disposal of the sewage in North Tawton and Hatherleigh. On my inspections I found everything satisfactory, and there was no impurified sewage passing into the streams.

At CHAGFORD an additional filter bed is to be provided.

**SOUTH ZEAL** is still badly off for sewers and drains; more attention to sanitary matters, however, has been given by the inhabitants, and the village is in a better condition than formerly.

SPREYTON.—The drainage of this village is not satisfactory, and I requested a local committee to inspect. This was done, and its unsatisfactory character confirmed. It is a difficult place to drain satisfactorily except at a cost which was thought prohibitive, and it was suggested that by personal attention on the part of the inhabitants a satisfactory condition would be arrived at. The matter is, therefore, in abeyance. Spreyton consists mainly of one street of houses, practically all of them being provided with gardens. With due personal attention on the part of the householders I believe a sanitary state of affairs could be attained.

COW SHEDS.—In previous reports I have mentioned the unsatisfactory state of many of the cow sheds in the district as regards light and ventilation, drainage, etc. Farmers are proverbially conservative, particularly so round the borders of Dartmoor. Now that more attention is wisely given by the public to the purity of the milk supply we may naturally expect some progression to be made. Animals as well as human beings enjoy better health when they breathe pure air, and are exposed to the influence of some light.

BY-LAWS.—A new set of by-laws is about to be adopted, framed on the Model By-laws for Rural Districts.

I remain, Gentlemen,

Your obedient Servant,

EDWARD H. YOUNG, M.D., D.P.H.

Medical Officer of Health.

Okehampton, Jan. 11th, 1905.



TABLE I.

Vital Statistics of Whole District during 1904 and Previous Years.

Year.	Population estimated to Middle of each Year.	Births.		Total Deaths Registered in the District.			Total Deaths in Public Institutions in the District.	Deaths of Non-residents reg'st'd in Public Institutions in the District.	Deaths of Resid'ts reg'st'r'd in Public Institutions beyond the District.	Nett Deaths at all Ages be- longing to the District.		
		Number	Rate. *	Under 1 Year of Age.		At all Ages.				Number	Rate. *	
				Number	Rate per 1,000 Births reg'st'r'd							
1	2	3	4	5	6	7	8	9	10	11	12	13
1894	14000	335	23.9	34	101.1	228	16.2			7	235	16.7
1895	13900	369	26.5	37	100.0	248	17.8			10	258	18.5
1896	13700	328	23.9	26	79.0	180	13.1			3	183	13.3
1897	13600	316	23.2	36	113.0	205	15.0			4	209	14.6
1898	13500	319	23.6	34	106.0	211	15.6			4	215	15.9
1899	13400	297	22.1	35	117.0	203	15.2			17	220	16.4
1900	13300	277	20.7	23	83.0	212	15.9	1	1	5	217	16.3
1901	13200	285	21.5	27	94.7	172	13.0	1	1	5	176	13.3
1902	13200	302	22.8	43	142.0	194	14.6	0	0	8	202	13.3
1903	13150	302	22.9	31	102.0	184	13.9	1	1	5	188	14.2
Averages for Years 1894-1903.	13495	313	23.1	32	103.7	203	15.0	.3	.3	6.8	210	15.4
1904	13100	276	21.0	26	94.2	177	13.5	1	1	6	182	14.0

\* Rates in Columns 4, 8, and 13 are calculated per 1,000 of estimated population.

## NOTES.—Table 1.

The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term “Non-residents” is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term “Residents” is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The “Public institutions” to be taken into account for the purposes of these tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres (exclusive of area covered by water) ..... 114,566

## AT CENSUS OF 1901.

Total population at all ages ..... 13,211  
 Number of inhabited houses ..... No return  
 Average number of persons per house ... No return

1	2	3
Institutions within the District receiving Sick and Infirm Persons from outside the District.	Institutions outside the District receiving Sick and Infirm Persons from the District.	Other Institutions, the Deaths in which have been distributed among the several localities in the District.
Halwill Cottage Hospital	Okehampton Workhouse	

Is the Union Workhouse within the District? No.

TABLE II.

Vital Statistics of separate Localities in 1904 and Previous Years.

Year.	BRATTON CLOVELLY.				CHAGFORD.				HATHERLEIGH.				OKEHAMPTON.				TAWTON.			
	Population estimated to Middle of each Year.	Births Registered.	Deaths at all Ages.	Deaths under 1 Year	Population estimated to Middle of each Year.	Births Registered.	Deaths at all Ages.	Deaths under 1 Year	Population estimated to Middle of each Year.	Births Registered.	Deaths at all Ages.	Deaths under 1 Year	Population estimated to Middle of each Year.	Births Registered.	Deaths at all Ages.	Deaths under 1 Year	Population estimated to Middle of each Year.	Births Registered.	Deaths at all Ages.	Deaths under 1 Year
1894	1680	36	36	6	2550	55	41	4	3160	88	44	6	1890	37	26	3	4380	95	58	11
1895	1660	49	28	4	2540	77	47	6	3150	77	41	6	1890	46	38	9	4380	93	61	11
1896	1640	30	26	3	2530	61	26	4	3100	75	37	6	1890	46	32	7	4360	83	68	9
1897	1620	34	25	3	2520	52	51	14	3000	77	43	3								
1898	1620	33	24	3	2510	62	36	5	2950	75	54	9								
1899	1610	46	25	3	2490	48	45	10	2920	72	43	5								
1900	1610	32	32	7	2470	57	39	1	2890	71	45	6	1890	37	26	3	4380	95	58	11
1901	1600	23	21	2	2450	59	27	3	2880	71	40	8	1890	46	38	9	4380	93	61	11
1902	1600	48	17	4	2450	54	32	9	2880	61	46	10	1890	46	32	7	4360	83	68	9
1903	1600	40	24	5	2440	64	25	5	2860	69	35	5								
Averages of Years 1894-1903.	1624	37	25	4	2495	58	36	6	2979	73	42	6								
1904	1600	36	18	2	2430	56	27	4	2850	67	45	7	1880	35	27	4	4340	82	65	9



## NOTES.—Table II.

(a).—The separate localities adopted for this table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district : and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b).—Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns c of this table, and those of non-residents registered in public institutions in the district excluded. (See note on Table I. as to meaning of terms “resident” and “non-resident.”)

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d).—Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV. : thus, the totals of sub-columns a, b, and c should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I. : the gross total of the sub-columns c should agree with the total of column 2 in Table IV., and the gross total of sub-columns d with the total of column 3 in Table IV.

TABLE III.

Cases of Infectious Diseases notified during the Year, 1904.

Notifiable Disease.	Cases Notified in Whole District						Total Cases Notified in each Locality.					Number of Cases removed to Hos- pital from each Locality.
	At Ages†-Years.						1 Bratton Clovelly	2 Chagford	3 Hather- leigh.	4 Okeham- ton.	5 Tawton.	
	At all Ages	Under 1	1 to 5	5 to 15	15 to 25	25 to 65						
Diphtheria ...	3			1	1	1			1	1	1	The case of Enteric fever oc- cured in a soldier at the Artillery Camp, Okehamp- ton. He was re- moved to the Mil- itary Hospital at Devonport.
Erysipelas ...	10			1	2	7	1		2	3	4	
Scarlet Fever ...	57	2	20	23	12		13	3	18	20	3	
Enteric Fever...	1				1					1		
Puerperal Fever	2				1	1		1	1			
Totals ...	73	2	20	25	17	9	14	4	22	25	8	

## NOTES.—Table III.

The localities adopted for this table should be the same as those in Tables II. and IV.

State in space below the name of the isolation hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district. Mark (W) the locality in which a workhouse is situated.

\* This space may be used for record of other disease the notification (compulsory or voluntary) of which is in force in the district.

† These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

Isolation Hospital—None.

TABLE IV.

Causes of, and Ages at, Death during Year 1904.

CAUSES OF DEATH.  1	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.							Total Deaths whether of Residents or Non "Residents" in Public Institutions in the District.  16
	All Ages. 2	Under 1 Year. 3	1 and under 5. 4	5 and under 15. 5	15 and under 25. 6	25 and under 65. 7	65 and upwards. 8	
Scarlet Fever ... ..	1	1						
Whooping-cough ... ..	7	4	3					
Diphtheria and Membranous Croup ... ..	2			1	1			
Epidemic Influenza ... ..	1						1	
Puerperal Fever (See Notes ... ..	2				1	1		
Other Septic Diseases ... ..	1			1				
Phthisis (Pulmonary Tuberculosis) ... ..	10			1	3	6		
Other Tubercular Diseases ... ..	1					1		
Cancer, Malignant Disease (Notes) ... ..	10					6	4	
Bronchitis ... ..	19	6	2			2	9	
Pneumonia ... ..	3		1			2		
Pleurisy ... ..	1						1	
Other Diseases of Respiratory Organs ... ..	1					1		
Alcoholism ... ..	2					2		
Cirrhosis of Liver ... ..	3	3						
Premature Birth ... ..	3	3						
Diseases and Accidents of partu- rition ... ..	1					1		
Heart Diseases ... ..	19			1		4	14	
Accidents ... ..	4		2			1	1	1
Suicides ... ..	3					1	2	
Diabetes ... ..	2					1	1	
Anthrax ... ..	1					1		
Acute Rheumatism ... ..	1			1				
All other Causes ... ..	82	12	10	3	1	13	43	
All Causes ... ..	177	26	18	8	6	43	76	1

Notes for Table IV. see page 21.



NOTES.—Table IV.

(a).—In this Table all deaths of “Residents” occurring in public institutions, whether within or without the district, are to be “included” with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be “included” among the deaths in their respective “Localities” according to the previous addresses of the deceased as given by the Registrars. Deaths of “Non-residents” occurring in public institutions in the district are in like manner to be excluded from columns 2-8 and 9-15 of this Table.

(b).— See notes on Table I. as to the meaning of “ Residents ” and “ Non-residents,” and as to the “ Public Institutions ” to be taken into account for the purposes of these Tables. The “ Localities ” should be the same as those in Tables II. and III.

(c).—All deaths occurring in public institutions situated within the district, whether of “Residents” or of “Non-residents,” are, in addition to being dealt with as in note (a), to be entered in the last column of this Table. The total number in this column should equal the figures for the year in column 9, Table I.

(d).—The total deaths in the several “Localities” in columns 9-15 of this Table should equal those for the year in the same localities in Table II., sub-columns c. The total deaths at all ages in column 2 of this Table should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.

(c).—Under the heading of “Diarrhœa” are to be included deaths certified as from diarrhœa, alone or in combination with some other cause of ill-defined nature; and also deaths certified as from

Epidemic enteritis ;          Zymotic enteritis ;  
Epidemic diarrhœa. Summer diarrhœa ;  
Dysentery and dysentric diarrhœa ;  
Choleraic diarrhœa, cholera, cholera nostras  
(in the absence of Asiatic cholera).

Under the heading of "Enteritis" are to be included those certified as from Gastroenteritis, Muco enteritis, and Gastric catarrh, unless from information by enquiry from the certifying practitioner or otherwise, the Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term "Diarrhœa." Deaths from diarrhœa secondary to some other well-defined disease should be included under the latter.

Under the headings of "Cancer" and "Puerperal fever" should be included all registered deaths from causes comprised within these general terms.

In recording the facts under the various headings of Tables I., II., III. and IV., attention has been given to the notes on the Tables.

EDWARD H. YOUNG, M.D., D.P.H., Medical Officer  
Date Jan. 11th, 1905. of Health.

## FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK.

### 1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	No. of Inspections.	No. of Written Notices.	Prosecutions.
Factories (Including Factory Laundries) ...	4	1 Verbal Notice	None
Workshops (Including Workshop Laundries) ...	32	2 Verbal Notices	
Total ...	36	3	

### 2.—DEFECTS FOUND.

Particulars.	No. of Defects Found.	No. of Defects Remedied.
Overcrowding ...	1	1
Sanitary Accommodations—unsuitable or defective ...	1	1
Total ...	2	2

Total number of Workshops on Register .. 30.





